

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.   FILING DATE  

APPLICANT(S) 09/997030

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	INO.	OEP.	INO.	OEP.
1	/					
2						
3						
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50						
TOTAL IND.	3					
TOTAL OEP.	13					
TOTAL CLAIMS	15					

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	INO.	OEP.	INO.	DEP.	INO.	OEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

15  
3

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS